



Reprinted
February 2, 2016

HOUSE BILL No. 1337

DIGEST OF HB 1337 (Updated February 1, 2016 5:47 pm - DI 92)

Citations Affected: IC 16-18; IC 16-21; IC 16-34; IC 16-41; IC 35-52.

Synopsis: Abortion. Provides that informed consent for an abortion must be obtained in a private setting. Provides that a pregnant woman considering an abortion must be given the opportunity to view the fetal ultrasound imaging and hear the auscultation of the fetal heart tone at least 18 hours before the abortion is performed and at the same time that informed consent is obtained. Provides that a written agreement between a physician performing an abortion and a physician who has written admitting privileges at a hospital in the county or contiguous county concerning the management of possible complications of the services must be renewed annually. Requires the state department of health (state department) to submit copies of admitting privileges and written agreements between physicians to other hospitals in the county and contiguous counties where abortions are performed. Requires that certain forms must include lines for the signature of the physician or other provider and the professional credentials of the physician or other

(Continued next page)

Effective: July 1, 2016.

Cox, Mayfield, Bacon, Judy

January 12, 2016, read first time and referred to Committee on Public Policy.
January 28, 2016, amended, reported — Do Pass.
February 1, 2016, read second time, amended, ordered engrossed.

HB 1337—LS 7081/DI 92



Digest Continued

provider. Provides that a person who knowingly transports an aborted fetus into, or out of, Indiana commits a Class A misdemeanor, unless the aborted fetus is transported for the sole purpose of final disposition. Provides that a miscarried or aborted fetus must be interred or cremated by a facility having possession of the remains. Requires a person or facility having possession of a miscarried or aborted fetus to ensure that the miscarried fetus or aborted fetus is preserved until final disposition occurs. Specifies that information submitted with respect to the disposition of a miscarried or aborted fetus that may be used to identify the parent or parents of a miscarried fetus or a pregnant who had an abortion is confidential and must be redacted from any public records maintained under the burial permit law. Excludes the final disposition of a miscarried or aborted fetus from the law governing the treatment of infectious or pathological waste. Makes conforming changes.



Reprinted
February 2, 2016

Second Regular Session of the 119th General Assembly (2016)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2015 Regular Session of the General Assembly.

HOUSE BILL No. 1337

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 16-18-2-1.5, AS AMENDED BY P.L.113-2015,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2016]: Sec. 1.5. (a) "Abortion clinic", for purposes of
4 IC 16-19-3-31, IC 16-21-2, ~~and~~ IC 16-34-3, **and IC 16-41-16**, means
5 a health care provider (as defined in section 163(d)(1) of this chapter)
6 that:
7 (1) performs surgical abortion procedures; or
8 (2) beginning January 1, 2014, provides an abortion inducing
9 drug for the purpose of inducing an abortion.
10 (b) The term does not include the following:
11 (1) A hospital that is licensed as a hospital under IC 16-21-2.
12 (2) An ambulatory outpatient surgical center that is licensed as an
13 ambulatory outpatient surgical center under IC 16-21-2.
14 (3) A health care provider that provides, prescribes, administers,
15 or dispenses an abortion inducing drug to fewer than five (5)

HB 1337—LS 7081/DI 92



patients per year for the purposes of inducing an abortion.

SECTION 2. IC 16-18-2-128.7, AS ADDED BY P.L.113-2015, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 128.7. "Fetus", for purposes of IC 16-34 **and IC 16-41-16**, means an unborn child, irrespective of gestational age or the duration of the pregnancy.

SECTION 3. IC 16-18-2-237.1, AS ADDED BY P.L.127-2014, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 237.1. "Miscarried fetus", for purposes of IC 16-21-11 **and IC 16-41-16**, has the meaning set forth in IC 16-21-11-2.

SECTION 4. IC 16-21-11-5, AS ADDED BY P.L.127-2014, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 5. (a) Not more than twenty-four (24) hours after a woman has her miscarried fetus expelled or extracted in a health care facility, the health care facility shall:

- (1) disclose to the parent or parents of the miscarried fetus, both orally and in writing, the parent's right to determine the final disposition of the remains of the miscarried fetus;
- (2) provide the parent or parents of the miscarried fetus with written information concerning the available options for disposition of the miscarried fetus **under section 6 of this chapter and IC 16-41-16-7.6**; and
- (3) inform the parent or parents of the miscarried fetus of counseling that may be available concerning the death of the miscarried fetus.

(b) The parent or parents of a miscarried fetus shall inform the health care facility of the parent's decision for final disposition of the miscarried fetus after receiving the information required in subsection (a) but before the parent of the miscarried fetus is discharged from the health care facility. The health care facility shall document the parent's decision in the medical record.

SECTION 5. IC 16-21-11-6, AS ADDED BY P.L.127-2014, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 6. (a) If the parent or parents choose a ~~means of~~ **location of** final disposition other than the ~~means~~ **location** of final disposition that is usual and customary for the health care facility, the parent or parents are responsible for the costs related to the final disposition of the fetus **at the chosen location**.

(b) ~~If the parent or parents choose a means of final disposition that provides for the interment of a miscarried fetus who has a gestational age of at least twenty (20) weeks of age, A health care facility having~~



possession of a miscarried fetus shall provide for the final disposition of the miscarried fetus. The requirements under IC 16-37-3 apply to the final disposition of the miscarried fetus, which must be cremated or interred. However, any information submitted under this section that may be used to identify the parent or parents is confidential and must be redacted from any public records maintained under IC 16-37-3.

(c) Notwithstanding any other law, the parent or parents whose miscarried fetus has a gestational age of less than twenty (20) weeks of age may choose a means of final disposition that provides for the cremation or the interment of the miscarried fetus. If the parent or parents choose the cremation or interment of the miscarried fetus, The local health officer shall provide the person in charge of interment with a permit for the disposition of the body. A certificate of stillbirth is not required to be issued for a final disposition ~~under this subsection~~ of a miscarried fetus having a gestational age of less than twenty (20) weeks.

(d) IC 23-14-31-26, IC 23-14-55-2, IC 25-15-9-18, and IC 29-2-19-17 concerning the authorization of disposition of human remains apply to this section.

SECTION 6. IC 16-34-2-1.1, AS AMENDED BY P.L.113-2015, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 1.1. (a) An abortion shall not be performed except with the voluntary and informed consent of the pregnant woman upon whom the abortion is to be performed. Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if the following conditions are met:

(1) At least eighteen (18) hours before the abortion and in the private, not group, presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has informed the pregnant woman orally and in writing of the following:

(A) The name of the physician performing the abortion, the physician's medical license number, and an emergency telephone number where the physician or the physician's designee may be contacted on a twenty-four (24) hour a day, seven (7) day a week basis.

(B) That follow-up care by the physician or the physician's



- 1 designee (if the designee is licensed under IC 25-22.5) ~~and~~ is
 2 available on an appropriate and timely basis when clinically
 3 necessary.
 4 (C) The nature of the proposed procedure or information
 5 concerning the abortion inducing drug.
 6 (D) Objective scientific information of the risks of and
 7 alternatives to the procedure or the use of an abortion inducing
 8 drug, including:
 9 (i) the risk of infection and hemorrhage;
 10 (ii) the potential danger to a subsequent pregnancy; and
 11 (iii) the potential danger of infertility.
 12 (E) That human physical life begins when a human ovum is
 13 fertilized by a human sperm.
 14 (F) The probable gestational age of the fetus at the time the
 15 abortion is to be performed, including:
 16 (i) a picture of a fetus;
 17 (ii) the dimensions of a fetus; and
 18 (iii) relevant information on the potential survival of an
 19 unborn fetus;
 20 at this stage of development.
 21 (G) That objective scientific information shows that a fetus
 22 can feel pain at or before twenty (20) weeks of postfertilization
 23 age.
 24 (H) The medical risks associated with carrying the fetus to
 25 term.
 26 (I) The availability of fetal ultrasound imaging and
 27 auscultation of fetal heart tone services to enable the pregnant
 28 woman to view the image and hear the heartbeat of the fetus
 29 and how to obtain access to these services.
 30 (J) That the pregnancy of a child less than fifteen (15) years of
 31 age may constitute child abuse under Indiana law if the act
 32 included an adult and must be reported to the department of
 33 child services or the local law enforcement agency under
 34 IC 31-33-5.
 35 (2) At least eighteen (18) hours before the abortion, the pregnant
 36 woman will be informed orally and in writing of the following:
 37 (A) That medical assistance benefits may be available for
 38 prenatal care, childbirth, and neonatal care from the county
 39 office of the division of family resources.
 40 (B) That the father of the unborn fetus is legally required to
 41 assist in the support of the child. In the case of rape, the
 42 information required under this clause may be omitted.



(C) That adoption alternatives are available and that adoptive parents may legally pay the costs of prenatal care, childbirth, and neonatal care.

(D) That there are physical risks to the pregnant woman in having an abortion, both during the abortion procedure and after.

(E) That Indiana has enacted the safe haven law under IC 31-34-2.5.

(F) The:

(i) Internet web site address of the state department of health's web site; and

(ii) description of the information that will be provided on the web site and that are;

described in section 1.5 of this chapter.

(G) For the facility in which the abortion is to be performed, an emergency telephone number that is available and answered on a twenty-four (24) hour a day, seven (7) day a week basis.

(H) On a form developed by the state department and as described in IC 16-34-3, that the pregnant woman has a right to determine the final disposition of the remains of the aborted fetus.

(I) On a form developed by the state department, information concerning the available options for disposition of the aborted fetus.

(J) On a form developed by the state department, information concerning any counseling that is available to a pregnant woman after having an abortion.

The state department shall develop and distribute the forms required by clauses (H) through (J).

(3) The pregnant woman certifies in writing, on a form developed by the state department, before the abortion is performed, that:

(A) the information required by subdivisions (1) and (2) has been provided to the pregnant woman;

(B) the pregnant woman has been offered by the provider the opportunity to view the fetal ultrasound imaging and hear the auscultation of the fetal heart tone if the fetal heart tone is audible and that the woman has:

(i) viewed or refused to view the offered fetal ultrasound imaging; and

(ii) listened to or refused to listen to the offered auscultation of the fetal heart tone if the fetal heart tone is audible; and



1 (C) the pregnant woman has been given a written copy of the
2 printed materials described in section 1.5 of this chapter.

3 (4) At least eighteen (18) hours before the abortion and in the
4 presence of the pregnant woman, the physician who is to perform
5 the abortion, the referring physician or a physician assistant (as
6 defined in IC 25-27.5-2-10), an advanced practice nurse (as
7 defined in IC 25-23-1-1(b)), or a midwife (as defined in
8 IC 34-18-2-19) to whom the responsibility has been delegated by
9 the physician who is to perform the abortion or the referring
10 physician has provided the pregnant woman with a color copy of
11 the informed consent brochure described in section 1.5 of this
12 chapter by printing the informed consent brochure from the state
13 department's Internet web site and including the following
14 information on the back cover of the brochure:

15 (A) The name of the physician performing the abortion and the
16 physician's medical license number.

17 (B) An emergency telephone number where the physician or
18 the physician's designee may be contacted twenty-four (24)
19 hours a day, seven (7) days a week.

20 (C) A statement that follow-up care by the physician or the
21 physician's designee who is licensed under IC 25-22.5 is
22 available on an appropriate and timely basis when clinically
23 necessary.

24 ~~(b)~~ **(5) At least eighteen (18) hours** before an abortion is
25 performed **and at the same time that the pregnant woman**
26 **receives the information required by subdivision (1),** the
27 provider shall perform, and the pregnant woman shall view, the
28 fetal ultrasound imaging and hear the auscultation of the fetal
29 heart tone if the fetal heart tone is audible unless the pregnant
30 woman certifies in writing, on a form developed by the state
31 department, before the abortion is performed, that the pregnant
32 woman:

33 ~~(1)~~ **(A)** does not want to view the fetal ultrasound imaging; and

34 ~~(2)~~ **(B)** does not want to listen to the auscultation of the fetal
35 heart tone if the fetal heart tone is audible.

36 SECTION 7. IC 16-34-2-4.5, AS AMENDED BY P.L.98-2014,
37 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
38 JULY 1, 2016]: Sec. 4.5. (a) A physician may not perform an abortion
39 unless the physician:

40 (1) has admitting privileges in writing at a hospital located in the

41 county where abortions are provided or in a contiguous county; or

42 (2) has entered into a written agreement with a physician who has



written admitting privileges at a hospital in the county or contiguous county concerning the management of possible complications of the services provided.

A written agreement described in subdivision (2) must be renewed annually.

(b) A physician who performs an abortion shall notify the patient of the location of the hospital at which the physician or a physician with whom the physician has entered into an agreement under subsection (a)(2) has admitting privileges and where the patient may receive follow-up care by the physician if complications arise.

(c) An abortion clinic shall:

(1) keep at the abortion clinic a copy of the admitting privileges of a physician described in subsection (a)(1) and (a)(2); and

(2) submit a copy of the admitting privileges described in subdivision (1) to the state department as part of the abortion clinic's licensure. The state department shall verify the validity of the admitting privileges document. The state department shall remove any identifying information from the admitting privileges document before releasing the document under IC 5-14-3.

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and

(2) each hospital located in a county that is contiguous to the county described in subdivision (1);

where abortions are performed.

~~(d)~~ (e) The state department shall confirm to a member of the public, upon request, that the admitting privileges required to be submitted under this section for an abortion clinic have been received by the state department.

~~(e)~~ (f) Notwithstanding IC 5-14-3-6 and IC 5-14-3-6.5, this section only allows for the redaction of information that is described in subsection (c). This section does not allow the state department to limit the disclosure of information in other public documents.

SECTION 8. IC 16-34-2-5.1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: **Sec. 5.1. Each form or other written document that must be completed or provided by a physician or other provider under this chapter, including a signed copy retained in the pregnant woman's patient file, must include the following:**



(1) A line for the signature of the physician or other provider.

(2) A line for the professional credentials and license number of the physician or other provider.

SECTION 9. IC 16-34-2-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 6. (a) No experiments except pathological examinations may be conducted on any fetus aborted under this chapter. ~~nor may any fetus so aborted be transported out of Indiana for experimental purposes.~~ A person who conducts such an experiment ~~or so transports such a fetus~~ commits a Class A misdemeanor.

(b) Except as provided by subsection (c), a person who knowingly transports an aborted fetus into, or out of, Indiana commits a Class A misdemeanor.

(c) A person may transport an aborted fetus into, or out of, Indiana for the sole purpose of conducting the final disposition of the aborted fetus by cremation or interment under IC 16-34-3-4.

SECTION 10. IC 16-34-3-2, AS ADDED BY P.L.113-2015, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 2. (a) A pregnant woman who has an abortion under this article has the right to determine the final disposition of the aborted fetus.

(b) After receiving the notification and information required by ~~IC 16-34-2-1.1(a)(2)(H)~~ **IC 16-34-2-1.1(2)(H)** and ~~IC 16-34-2-1.1(a)(2)(I)~~ **IC 16-34-2-1.1(2)(I)**, the pregnant woman shall inform the abortion clinic or the health care facility:

(1) in writing; and

(2) on a form prescribed by the state department;

of the pregnant woman's decision for final disposition of the aborted fetus before the aborted fetus may be discharged from the abortion clinic or the health care facility.

(c) If the pregnant woman is a minor, the abortion clinic or health care facility shall obtain parental consent in the disposition of the aborted fetus unless the minor has received a waiver of parental consent under IC 16-34-2-4.

(d) The abortion clinic or the health care facility shall document the pregnant woman's decision concerning disposition of the aborted fetus in the pregnant woman's medical record.

SECTION 11. IC 16-34-3-3, AS ADDED BY P.L.113-2015, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 3. If the pregnant woman chooses a ~~means~~ **location** for final disposition ~~that is not required by law or by rule of~~ **other than the location of final disposition that is usual and**



customary for an abortion clinic or a health care facility, the pregnant woman is responsible for the costs related to the final disposition of the aborted fetus **at the chosen location.**

SECTION 12. IC 16-34-3-4, AS ADDED BY P.L.113-2015, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 4. (a) **An abortion clinic or health care facility having possession of an aborted fetus shall provide for the final disposition of the aborted fetus.** The requirements of IC 16-37-3 apply to the final disposition of an aborted fetus, ~~with a gestational age of at least twenty (20) weeks of age; which must be interred or cremated.~~ **However, any information submitted under this section that may be used to identify the pregnant woman is confidential and must be redacted from any public records maintained under IC 16-37-3.**

~~(b) A pregnant woman may decide to cremate or inter an aborted fetus with a gestational age of less than twenty (20) weeks of age.~~

~~(c) (b)~~ The local health officer shall issue a permit for the disposition of the aborted fetus to the person in charge of interment for the interment of ~~an the~~ aborted fetus. ~~described in subsection (b):~~ A certificate of stillbirth is not required to be issued for an aborted fetus with a gestational age of less than twenty (20) weeks of age.

(c) IC 23-14-31-26, IC 23-14-55-2, IC 25-15-9-18, and IC 29-2-19-17 concerning the authorization of disposition of human remains apply to this section.

SECTION 13. IC 16-41-16-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 1. (a) This chapter applies to persons and facilities that handle infectious waste, including the following:

- (1) Hospitals.
- (2) Ambulatory surgical facilities.
- (3) Medical laboratories.
- (4) Diagnostic laboratories.
- (5) Blood centers.
- (6) Pharmaceutical companies.
- (7) Academic research laboratories.
- (8) Industrial research laboratories.
- (9) Health facilities.
- (10) Offices of health care providers.
- (11) Diet or health care clinics.
- (12) Offices of veterinarians.
- (13) Veterinary hospitals.
- (14) Emergency medical services providers.



(15) Mortuaries.

(16) Abortion clinics.

(b) Except as provided in sections 2, 4, and 7.5 of this chapter, this chapter does not apply to:

(1) home health agencies; or

(2) hospice services delivered in the home of a hospice patient.

SECTION 14. IC 16-41-16-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 4. (a) Except as provided in ~~subsection~~ **subsections (c) and (d)**, as used in this chapter, "infectious waste" means waste that epidemiologic evidence indicates is capable of transmitting a dangerous communicable disease (as defined by rule adopted under IC 16-41-2-1).

(b) The term includes the following:

(1) Pathological wastes.

(2) Biological cultures and associated biologicals.

(3) Contaminated sharps.

(4) Infectious agent stock and associated biologicals.

(5) Blood and blood products in liquid or semiliquid form.

(6) Laboratory animal carcasses, body parts, and bedding.

(7) Wastes (as described under section 8 of this chapter).

(c) "Infectious waste", as the term applies to a:

(1) home health agency; or

(2) hospice service delivered in the home of a hospice patient;

includes only contaminated sharps.

(d) The term does not include a fetus or a miscarried fetus.

SECTION 15. IC 16-41-16-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 5. As used in this chapter, "pathological waste" includes:

(1) tissues;

(2) organs;

(3) body parts; and

(4) blood or body fluids in liquid or semiliquid form;

that are removed during surgery, biopsy, or autopsy. **The term does not include a fetus or a miscarried fetus.**

SECTION 16. IC 16-41-16-7.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: **Sec. 7.6. (a) This section applies to a person or facility possessing either an aborted fetus or a miscarried fetus.**

(b) Within ten (10) business days after a miscarriage occurs or an abortion is performed, a person or facility described in subsection (a) shall:



1 **(1) conduct the final disposition of a miscarried fetus or an**
2 **aborted fetus in the manner required by IC 16-21-11-6 or**
3 **IC 16-34-3-4; or**
4 **(2) ensure that the miscarried fetus or aborted fetus is**
5 **preserved until final disposition under IC 16-21-11-6 or**
6 **IC 16-34-3-4 occurs.**
7 SECTION 17. IC 35-52-16-22, AS ADDED BY P.L.169-2014,
8 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9 JULY 1, 2016]: Sec. 22. IC 16-34-2-6 defines ~~a crime~~ **crimes**
10 concerning abortion.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Policy, to which was referred House Bill 1337, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Replace the effective dates in SECTIONS 1 through 7 with "[EFFECTIVE JULY 1, 2016]".

Replace the effective date in SECTION 9 with "[EFFECTIVE JULY 1, 2016]".

Replace the effective dates in SECTIONS 11 through 17 with "[EFFECTIVE JULY 1, 2016]".

Page 2, line 19, delete "," and insert ";".

Page 2, line 19, delete "including the".

Page 2, delete line 20.

Page 2, delete lines 34 through 42, begin a new paragraph and insert:

"SECTION 5. IC 16-21-11-6, AS ADDED BY P.L.127-2014, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6. (a) If the parent or parents choose a ~~means of location of~~ final disposition other than the ~~means location~~ of final disposition that is usual and customary for the health care facility, the parent or parents are responsible for the costs related to the final disposition of the fetus **at the chosen location.**

(b) ~~If the parent or parents choose a means of final disposition that provides for the interment of a miscarried fetus who has a gestational age of at least twenty (20) weeks of age; A health care facility having possession of a miscarried fetus shall provide for the final disposition of the miscarried fetus.~~ The requirements under IC 16-37-3 apply **to the final disposition of the miscarried fetus, which must be cremated or interred. However, any information submitted under this section that may be used to identify the parent or parents is confidential and must be redacted from any public records maintained under IC 16-37-3.**

(c) ~~Notwithstanding any other law, the parent or parents whose miscarried fetus has a gestational age of less than twenty (20) weeks of age may choose a means of final disposition that provides for the cremation or the interment of the miscarried fetus. If the parent or parents choose the cremation or interment of the miscarried fetus, The local health officer shall provide the person in charge of interment with a permit for the disposition of the body. A certificate of stillbirth is not required to be issued for a final disposition under this subsection. of a~~



miscarried fetus having a gestational age of less than twenty (20) weeks.

(d) IC 23-14-31-26, IC 23-14-55-2, IC 25-15-9-18, and IC 29-2-19-17 concerning the authorization of disposition of human remains apply to this section."

Page 3, delete lines 1 through 18.

Page 5, line 20, delete "," and insert ".".

Page 5, line 20, delete "including the right to take possession of the remains".

Page 5, delete line 21.

Page 7, delete lines 36 through 42.

Delete page 8.

Page 9, delete lines 1 through 32.

Page 10, delete lines 34 through 41, begin a new paragraph and insert:

"SECTION 11. IC 16-34-3-3, AS ADDED BY P.L.113-2015, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. If the pregnant woman chooses a ~~means~~ **location** for final disposition ~~that is not required by law or by rule of other than the location of final disposition that is usual and customary~~ for an abortion clinic or a health care facility, the pregnant woman is responsible for the costs related to the final disposition of the aborted fetus **at the chosen location**."

Page 11, line 7, after "." insert "**However, any information submitted under this section that may be used to identify the pregnant woman is confidential and must be redacted from any public records maintained under IC 16-37-3.**".

Page 12, delete lines 33 through 37, begin a new paragraph and insert:

"(b) Within ten (10) business days after a miscarriage occurs or an abortion is performed, a person or facility described in subsection (a) shall:

(1) conduct the final disposition of a miscarried fetus or an aborted fetus in the manner required by IC 16-21-11-6 or IC 16-34-3-4; or



(2) ensure that the miscarried fetus or aborted fetus is preserved until final disposition under IC 16-21-11-6 or IC 16-34-3-4 occurs."

Page 12, delete line 42.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1337 as introduced.)

DERMODY

Committee Vote: yeas 9, nays 4.

HOUSE MOTION

Mr. Speaker: I move that House Bill 1337 be amended to read as follows:

Replace the effective date in SECTION 5 with "[EFFECTIVE JULY 1, 2016]".

Replace the effective date in SECTION 11 with "[EFFECTIVE JULY 1, 2016]".

(Reference is to HB 1337 as printed January 29, 2016.)

COX

